

29 SEP 2006

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/562769	FILING DATE
APPLICANT'S NAME		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
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41	1		1			
42	1		1			
43	1		1			
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48						
49						
50						
TOTAL IND.	16	↓	4	↓		↓
TOTAL DEP.	37	←	47	←	←	
TOTAL CLAIMS	43		61			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	

LAST AVAILABLE COPY